9.20-54

	PATENT /	APPLI E		09	16	75)	: 533						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SM/		ENTITY	OR	OTHER	THAN
FOR			NUMBER FILED		NUMBER EXTRA		RA	_	FEE	1	RATE	FEE	
BASIC FEE									·	345.00	OR		690.00
TOTAL CLAIMS			2	3 minus	20=	· 3	X\$	9=		OR	X\$18=	54	
INDEPENDENT CLAIMS			3 minus 3 = * -					Х3	9=		OR	X78=	7.4
MULTIPLE DEPENDENT CLAIM PRESENT								+13	_				,
* If the difference in column 1 is less than zero, enter "0" in column 2							TO1			OR	+260=	1/1/	
CLAIMS AS AMENDED - PART II								101	AL		OR	TOTAL OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL	: 8	
AMENDMENT A	4	REM/ AF	AIMS AINING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ľE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	• 2	<u> </u>	Minus	••	23	= 4	X\$:	9=		OR	X\$18=	72
	Independent	<u> </u>	<u> </u>	Minus	•••	3	= 2	X39)=		OR	X78=	172
	FIRST PRESE	NIAHO	N OF MI	JLTIPLE DEI	PENL	DENT CLAIM		+13	0=		OR	+260=	
			•			•		TO ADDIT.	TAL	• •	OR	TOTAL ADDIT, FEE	244
			ımn 1)			Column 2)	(Column 3)						
AMENDMENT B		REM/	AIMS AINING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 2	<u>7</u>	Minus		27	=	X\$ 9	9=		OR	X\$18=	
	Independent	•	5	Minus	•••	5 ·	=	X39	=		OR	X78=	
	FIRST PRESE	NIAIIO	N OF MI	DETIPLE DEI	PENI	DENT CLAIM		+130)=		OR	+260=	
	D •							TO ADDIT.	TAL			TOTAL	
	• ,	(Colu	mn 1)		(0	Column 2)	(Column 3)	AUUH.	reel			ADDIT. FEE	
AMENDMENT C		REMA AF	NIMS NINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 2	7	Minus	•	く つ	=	X\$ 9) <u>-</u> ·		OR.	X\$18=	
	Independent	•	5	Minus	•••	5	=	X39	_		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130				1260	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.")= TAL		OR	+260=	
***	f the "Highest Nu If the "Highest Nu The "Highest Num	mber Pre	viously Pa	aid For IN TH	S SP	ACE is less tha	n 3, enter "3."	ADDIT.	FEE	propriate box		ADDIT. FEE	
	1770 057												

FORM PTO-675 (Rev. 12/99)

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